

CLAIMS ONLY

Application Number
10-810 481

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4		7			
Total Depend	28	←	98	←	←	←
Total Claims	32		105			

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Total Indep						
Total Depend		←		←	←	←
Total Claims						